## **Volunteer Application**

Old Town Public Library 46 Middle Street, Old Town, Maine 04468 207-827-3972

Contact Information					
Name					
Street Address					
City ST ZIP Code					
Home Phone	Work Phor	ne	Cell Phone		
E-Mail Address					
Availability					
During which hours are you available for volunteer assignments? (Please select any that apply)					
Weekdays □	Saturdays □				
10 a.m. □	1 p.m. □		4 p.m. □		
11 a.m. □	2 p.m. □		5 p.m. □		
12 p.m. □	3 p.m.□		6 p.m. □		
How many hours are you willing to work at a time?					
Interests					
Tell us in which areas yo	ou are interested in volui	nteerin	g		
☐ Dusting/cleaning o	f shelves & counters		Putting books away		
☐ Help with displays			Clean up in Children's section		
☐ Help with program	s & cleanup		Genealogy searches		
☐ Help with Interlibra	ary Loan		Book Sale		
☐ Cleaning Books			Other(Specify)		
☐ Straightening & alp	phabetizing shelves				
Special Skills, Qualifications or Previous Volunteer Experience					
Summarize special skills and qualifications you have acquired from employment, previous volunteer					
work, or through other activities, including hobbies or sports.					

Person to Notify	in Case of Emergency				
Name					
Street Address					
City State ZIP Code					
Home Phone	Work Phone	Cell Phone			
E-Mail Address					
Background Check, Agreement and Signature					
Would you be willing to submit to a background check? Yes or No					
During the application process and at any time during the tenure of my volunteer service with the Old Town Public Library, I hereby authorize the Old Town Police Department on behalf of the Old Town Public Library to conduct an investigation in order to obtain information concerning my background, which may include but not be limited to a criminal background check.					
By submitting this application, I affirm that the facts set forth in it are true and complete. I understand that if I am accepted as a volunteer, any false statements, omissions, or other misrepresentations made by me on this application may result in my immediate dismissal.					
Date of Birth:	Driver's License # or State ID				
	(mm/dd/yyyy)				
	Signature	Date			
Full Legal Name (printed)					

## **Our Policy**

It is the policy of this organization to provide equal opportunities without regard to race, color, religion, national origin, gender, sexual preference, age, or disability. All information on this form will remain confidential.

Thank you for completing this application form and for your interest in volunteering with us.